

does in many essential particulars from that pertaining to the general circulation, is undoubtedly designed for some important end. E. G.

ART. XVI. *Symbola ad Curationem Phthiseos Emendandam. Commentatio qua Viro Perillustri* CHRISTOPH. GUILIELMO HUFELAND *doctoratus in Medicina impetrati Semisesularia gratulatur Universitas Literarum Regimontana interprete* LUDOVICO GUILIELMO SACHS, *Facultatis Medicæ H. T. Decano. 4to, pp. 24. Regimontii, 1833.*

*Contributions designed to improve the Treatment of Phthisis, being a Gratulatory Comment, addressed to the celebrated* CHRISTOPH. WILLIAM HUFELAND, *on the occasion of his attaining the fiftieth year of his service in the Medical Profession. By* LUDOVICO GUILIELMO SACHS, *Dean of the Med. Faculty, &c.*

In order to enable some of our readers to understand a part of the title of this brochure, it may be proper to remark, that a custom prevails in Germany amongst the members of the medical profession, of celebrating as a jubilee, the termination of fifty years service in the practice of the healing art, on the part of distinguished individuals. Such occasions are commemorated by festivities, gratulatory addresses, and all the ordinary methods of conferring honours, consistent with the objects of the ceremony. The custom has in it, we think, much to commend, and deserves to stand higher in the estimation of the philanthropist than all the gaudy pageantry attendant upon the act of conferring the civic crown upon the victor, or the insignia of power upon some ambitious despot. Within a few years several jubilees of this kind have been celebrated—in honour of the veteran Blumenbach, of Sæmmering, and last, of Hufeland, the first and the last of whom still live to enjoy the laurels so justly awarded to them by their professional brethren in all parts of the world; and it was on the occasion of paying this customary tribute to the last distinguished individual, that Dr. Sachs gave publicity to the small memoir which forms the subject of the present notice.

It may be justly said, that with Bayle and Laennec commenced a new æra in the pathology of phthisis pulmonalis. Notwithstanding the valuable contributions of their predecessors, the nature of this formidable disease was but very imperfectly understood, until they, by repeated and laborious investigations, threw new light on the most obscure parts of its pathology, by furnishing a rational explanation of tubercles, and pointing out the changes which these morbid products undergo, as well as the consequences to which they give rise. Still, with all the important additions they have made upon this subject, and, with the invaluable contributions which have been subsequently elicited, in consequence of the new direction given by them to researches of this kind, the treatment of phthisis, though certainly conducted upon more rational principles than in former times, is not productive of that ratio of success which ought to be obtained in a disease, the pathology of which is so well understood. This want of success might, perhaps, be referred to several causes, the exact influence of each of which cannot, at present, be correctly appreciated. One of these causes might, doubtless, be traced to the nature of the organ affected, its importance in the animal economy, and the extent to which its structures become involved. Another, we are inclined to think, may be, that we are not properly acquainted with the nature of the changes which take place in the tuberculous masses, especially of those modifications which occur in the portion of the pulmonary tissue adjacent to the site occupied by these adventitious developements. The question has often been asked, how are tubercles softened or disorganized? But, notwithstanding the various attempts to afford a

satisfactory answer, the sentiments of pathologists still remain contradictory, and the subject itself involved in much obscurity. The explanations advanced by Bayle and Laennec, if explanations they can be considered, are far from being satisfactory or conclusive, and it must be apparent to every one competent to form an opinion on the subject, that until we can more correctly comprehend the process by which tubercles are generated, and the organic acts by which they are disorganized, the principles by which our therapeutics are directed must be somewhat equivocal.

Dr. Sachs takes it for granted, that the developement of tubercles is dependent upon a state of organic erethism, which has inflammation for its element or substratum. All diseases, he affirms,—phthisis as well as others—which are associated with the generation of purulent matter, require some degree of inflammation, as well in their progress, as in their absolute condition at the time, to give rise to the generation of that fluid, p. 13. The absence of the ordinary open manifestations of inflammation, he thinks, cannot be received as an argument that that condition does not exist, since in its chronic forms, in which it is competent to generate purulent matter, its symptoms are so obscure, that, with the older pathologists, we may with justice affirm that it is occult. The admission of this proposition, Dr. Sachs regards as very important, in regulating the treatment of the disease, and, the denial of it, one of the reasons why our remedies are often attended with such bad success.

Besides this, however, there are several causes which render it difficult to treat phthisis with success. Several of these are detailed by the author as follows:—

In the first place, it is the tendency of every inflammation of a slight degree of intensity, in an organ possessing so little sensibility, however limited it may be at the commencement, to diffuse itself much more extensively in the substance of the tissues, before its effects become sufficiently apparent to attract attention. Even though chronic inflammation of the lungs could be detected in the early stage of its developement, it is well known, that it cannot be treated with the same success as an acute degree of inflammation, implicating those or other organs. And, in addition to this, in every inflammation originating in the lungs, under the operation of a common cause, whether it occupy one or many points—whether these be of limited or of great extent, each one of these points should be considered as becoming the seat of a distinct abscess or ulcer. Now, it is well known, that, in the case of every ulcer, three leading conditions are necessary, viz:—that its surface should be kept in a quiescent state; that the contact of the air should be excluded; and, finally, that the matter secreted from its surface should have a free exit. In the disease under consideration, these conditions are not only absent, but others of an unfriendly character are present, which tend incessantly to superadd new difficulties in the way of success.

Another great obstacle to success is, the remarkable disposition of individuals affected with phthisis, to cheat themselves by a fatal delusion in regard to the nature and consequences of their malady. Even in the midst of danger, they easily persuade themselves that they are safe, and under the influence of pain and suffering, they are so buoyed up, that a thought or apprehension of death does not ruffle the serenity and brightness of hope for a single moment. This peculiarity of the disease encourages a fatal security. No mischief being apprehended, the ravages of the morbid process are allowed to progress unrestrained, and if advice is sought, it is so loosely followed, that the time for doing good is allowed to pass, until in the end, destruction becomes so firmly rooted, that no earthly power can displace it.

An additional obstacle to success is, according to Dr. Sachs, the keen, sometimes, indeed, preternatural appetite often possessed by phthisical patients,

even up to the period of death, except where the disease is associated with some abdominal affection. There are but few practitioners of much experience, who have not had occasion to witness this peculiarity, which is sometimes so strongly developed, that all fears of death seem to be completely arrested by the craving for food, although the powers of life may be on the point of yielding up the conflict under the last struggle. This great desire of food, especially during the early stages of the disease, and while the alimentary canal remains in a healthy condition, has been supposed by some to be a kind of instinctive call of nature, to obviate the emaciation; but however this may be, no one can be ignorant, that indulgence under such circumstances, tends greatly to give rise to additional disturbances of function, to develop new complications, and rather to increase than to prevent the emaciation.

The author thinks, that, in phthisis, the nerves which supply the lungs and the stomach are in a state of preternatural excitability, associated with diminished energy, a condition which he denominates *atoniam versatilam*, and that repletion of the stomach not only proves mischievous by its mechanical agency, in preventing the descent of the diaphragm and the consequent free play of the lungs, but also, by morbidly affecting the nerves common to both organs. When, therefore, individuals affected with this disease, are induced by the cravings of appetite to indulge freely in food, even though they may not be conscious of committing an excess, they experience immediately an increase in the embarrassment of respiration and their feeling of discomfort; the circulation is accelerated, and manifest febrile phenomena are developed, where none were evident before; or, if fever already existed, the symptoms experience a notable exasperation; but what is still more than this, the organ already affected being by this cause seriously oppressed and embarrassed in its actions, and having, at the same time its vital acts preternaturally stimulated by the febrile disturbance, becomes the focus of additional derangements, and the inflammation implicating its textures is increased in intensity. In addition to this, the digestive function is impaired by the supervention of the febrile action, and as the food cannot be converted into healthy chyle, the properties of the blood become deteriorated, rendering it unfit for the purposes of nutrition, and the formation of healthy secretions and excretions.

These considerations, the author remarks, have induced him, for several years past, to pay particular attention to diet in the treatment of phthisis, and, instead of allowing patients to indulge in a considerable quantity of food taken at the usual period of meals, to restrict them with great severity to a small quantity of easy digestion, to be taken every hour, or every two hours, so that they should neither experience too much hunger, nor indulge to such an extent as to produce the sensation of satiety. The result of this course of procedure in those individuals, (unfortunately too few in number,) who could be prevailed upon to carry it out strictly, were highly salutary.

The following are the axioms prescribed by Dr. Sachs, to be observed in the treatment of phthisis:—

"1. "No course is better adapted to the mild degree of chronic inflammation which exists in phthisis, than a course of diet, artificially apportioned to the degree of hunger, as well on account of the efficacy of such a course in averting the disposition which this grade of inflammation has to terminate in the development of various morbid products, as pus, hypertrophy, pseudo-organized formations, &c., as the agency of hunger in destroying the plastic materials which are generated. It will be constantly observed, under a proper adherence to this dietetic discipline for some time, that when the patient is constantly kept in a state of slight hunger, the cough, if before constant, severe, and harassing, will be greatly mitigated, and rendered far less frequent.

"2. Not only does the preservation of the individual in this state of slight hunger, restrain the chronic inflammation, and, with it, the generation of purulent

matter, but it also destroys the tendency which the irritation, excited by this cause, has to develop new foci of inflammation, and by promoting the absorption of the pus already poured out, renders it innocuous. What, in effect, can contribute more than hunger to increase the process of absorption? That we may be enabled to fully appreciate all the importance of this point, it is necessary that we should free ourselves of a great and common error, which supposes that the absorption of pus into the blood is productive of mischievous consequences. Pus, indeed, (I do not mean sanies or an ichorous fluid,) consists of a plastic material, closely allied in its properties to the blood, and cannot, consequently, by its introduction into, or its admixture with that fluid, tend to promote its corruption. The common error upon this subject could only have originated in a false interpretation of the phenomena observed in many cases of hectic fever, in which it was inferred that the disease owed its origin either to an effusion of purulent matter, an obstacle to the escape of that fluid, or some perversion of its properties. In these cases, however, the cause is not to be sought in the absorption of pus into the blood, and a contamination of that fluid, (a thing which physiology teaches cannot happen.) In the first place, the great loss of plastic materials of the blood which are consumed in the generation of pus, may very readily give rise to hectic fever. Hectic, in the second case, may, indeed, be induced by the irritation occasioned by the pus; but hectic from the third cause mentioned, is not induced by the mere passage of pus, properly so called, into the blood, but by that fluid becoming perverted in its qualities, or converted into a kind of sanies, which being conveyed into the circulation, produces the mischief in question. If, indeed, the mere absorption of pus into the blood were capable of so contaminating and corrupting that fluid, as to produce such mischievous consequences, I would inquire how it is that we every day see abscess easily healed, even without the assistance of art?

"3. The dietetic treatment which we have recommended, if continued for some time, by supporting the strength of the patient, diminishes and mitigates the fever, which is not observed to exacerbate after the individual has partaken of the very moderate allowance of food prescribed for him.

"4. The emaciation, even in desperate cases, is retarded, and the strength of the patient is improved; sometimes, indeed, the mass of the organic solids is increased.

"5. The colliquative discharges by the bowels and skin, are prevented or checked, where they already exist.

"6. The nights are rendered more tranquil, the sleep more placid and refreshing, and, what is of immense importance in this disease, it will seldom be necessary to resort to opiates."

The suggestions offered by Dr. Sachs deserve to be carefully considered. Few, we presume, have had much reason to be very well satisfied with any course of practice they may have tried in this disease. Any attempt, therefore, especially one which, like the present, purports to be grounded upon many years' successful experience, certainly merits a fair and candid examination. If the views are erroneous, let the error be exposed; if correct, the advantages will be immense.

E. G.

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ART. XVII. *Nosologische Therapeutische Beobachtungen.* Von Dr. JOHANN CARL ADOLPH BIERMANN, Königlich Hannoverischen Hofmedicus, Land-und Stadt-Physicus, zu Peine, pp. 75. Hildesheim, 1833.

*Nosological and Therapeutical Observations.* By JOHN CHARLES ADOLPH BIERMANN, Physician to the Royal Court of Hanover, &c.

This small brochure contains several papers on different subjects, purporting to be the fruits of the author's experience in the course of several years' practice. The first of these papers contains a brief sketch of several scarlet fever epidemics. We do not, however, find in it any thing of sufficient importance